

Miss Itrat Batool

# Forest Grange Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Forest Grange is a 'care home' for seven people with learning disabilities and/or autism. There were seven people living in the home when we visited. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The Care Service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

At our last inspection on 21 April 2016 we rated the service as overall 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Further information is in the detailed findings below.

People were kept safe in the home. Staff knew what signs may indicate abuse and how to report concerns. Staffing levels were good which enabled staff to spend time with people and medication was given and stored safely.

People's consent was obtained before care and support was given and staff had access to specialist training that was relevant to their role. Staff had been creative and patient to ensure people had access to external health care professionals and to food they enjoyed.

The home was maintained to a high standard and was designed to meet people's needs.

Staff had developed caring and understanding relationships with the people they supported and knew their routines and preferences well. People's independence was respected and promoted where possible and staff enjoyed working with people.

People had access to a range of activities in the local community. Information such as menus and daily planners were in an accessible format to help people understand information and make choices.

Staff helped people to stay in contact with friends and relatives who were important to them.

Staff and relatives were happy with the way the service was being led. The provider and registered manager had successfully created a culture of excellence which was supported by effective management and monitoring systems.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service remains good.

Good ●

### Is the service effective?

The service remains good.

Good ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains good.

Good ●

### Is the service well-led?

The service remains good.

Good ●

# Forest Grange Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 5 November 2018 and was unannounced. The inspection team consisted of one inspector and one assistant inspector.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners of people's care who purchase the care on behalf of people to ask them for information about the service.

During our inspection we met with two of the people living at Forest Grange. Some people were not able to tell us what they thought of living at the home and would have been anxious by having inspectors in the home as they did not know us. Therefore, we used different methods to gather experiences of what it was like to live at the home. For example, we saw how staff supported some people throughout the inspection to help us understand peoples' experiences of living at the home.

We spoke with the provider, the registered manager and three staff. We also spoke with two relatives by telephone. We looked at a range of records. This included two people's care plans, two people's medicine records, two staff recruitment records and quality assurance systems that were in place.

## Is the service safe?

### Our findings

We saw that people looked happy to be living at the home and were comfortable with the staff that were supporting them. There were processes and equipment in place to keep people safe, such as regular checks of fire safety equipment. One relative told us, "I think [person's name] is really safe there." Staff we spoke with had a good working knowledge of the types of abuse people were at risk from and how to report concerns. One member of staff told us, "I would report any concerns to my manager and I am confident they would take action."

Staff had developed a good understanding of the risks to people and the steps they needed to take to reduce these risks. For example, all people had detailed support plans in place for how staff could keep them safe if they became worried or agitated. Staff knew these plans well which meant the risks around people's behaviour were well managed. One member of staff told us, "It's important to explain what is happening to [Person's name] as this helps to reduce their anxiety." The risks to people had been assessed and reviewed when people's needs had changed.

We saw that there were sufficient staff to keep people safe and to support people's needs. We saw that staff had time to spend with people as well as complete daily tasks such as cleaning and cooking and administrative staff were employed to carry out other tasks. This meant people were being supported on a one-to-one basis in line with their care plans and could access activities and appointments.

People received their medication at the right time on a consistent basis. Medication records showed that doses were not missed and files contained information about the medication people were taking and what action staff should take if a dose was missed. Some people had been prescribed medication to take 'as and when required' and in these cases, detailed protocols were in place to help staff judge whether these were needed and these had been agreed with the home's GP.

The provider had a system in place to check that staff working at the home were suitable before they started work and staff files contained evidence of the checks that had been undertaken.

The registered manager kept records of any incidents and accidents and actions were taken following such events to reduce future risks. For example, one person had recently started to attend a local college and was now being supported by two staff rather than one, as they had been anxious in a new environment which had resulted in some minor incidents.

We saw that the home was clean and tidy and that staff had access to cleaning materials and personal protective equipment, such as gloves and aprons which helped to reduce the risk of infection to people.

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority were being met.

The registered manager told us and records showed all of the people currently living in the home had been assessed as lacking the capacity to consent to their care and treatment. The registered manager had therefore submitted DoLS applications in all cases and these had been granted. Records also showed that people were seen regularly by their Relevant Person's Representative (RPR). A RPR is appointed to support a person who is deprived of their liberty under the MCA.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People's consent was obtained before care and support was given.

People were supported by staff who had received training which was relevant to people's needs and disabilities. One member of staff told us, "The managers have given me proper training such as autism training and sent me to do my NVQ. The autism training helped me to understand people's behaviour".

People had access to food they preferred and staff told us how they helped people to make food choices. One person told us, "I like the food; the chips are my favourite." We did not observe any meal times as our presence may have upset some people but relatives told us that they were happy with the food people received.

People's health needs were promoted by staff. People attended regular appointments with health professionals as required and staff had worked hard to make sure people were able to access these services. For example, staff told us that one person had recently had an injection for the first time without the need for sedation. This had followed months of work preparing the person for the procedure by rehearsing what would be happen and planning to ensure the environment was well prepared. Staff had also arranged for another person to be visited in the home by all of their health professionals. Their relative told us, "They get the professionals to visit the home as [person's name] would not go to a strange environment, which is very helpful."

People lived in a homely environment which was designed to meet their needs and decorated to a high standard. There were a range of comfortable communal rooms so people could have a choice of where to sit and there was a safe enclosed garden which had been paved to enable people to play games that they enjoyed.

## Is the service caring?

### Our findings

At the last inspection in April 2016 the provider was rated as good under this key question. At this inspection we found the service remained good.

People were cared for by staff who were kind and respectful. One person told us, "The staff are nice." Relatives told us that staff took prompt action to protect people's dignity. For example, one member of staff explained how one person had agreed to wear trouser braces when out in the community as they sometimes tried to remove clothing in public.

Some people living in the home could not use verbal communication to express their wishes and some people also required visual prompts or signs to help them understand what was happening each day. Staff had received training in Makaton, which is a sign language which some people living at the home understood. We also saw that people had visual timetables in their rooms which they could follow, which included pictures of activities that were taking place. One member of staff told us, "We know how people communicate as we have worked with them for a long time."

People's independence was promoted and respected where possible. One member of staff told us how they used prompts and encouragement to support one person do things for themselves. One member of staff told us, "We are patient and can always come back later and try again." One person showed us that they had a key for their bedroom which enabled them to have privacy when they so wished.

People were involved as much as possible in making decisions about their daily routines. Records showed that people had a keyworker who met with them once a week to check they were happy and ask for their views. A keyworker is a member of staff who is given specific responsibility for the care and support of a person.

People were supported by staff who enjoyed working in the home and were motivated to provide high quality care and support. One member of staff told us, "I like working here because I can help people and it brings me fulfilment."

People were supported to maintain contact with relatives and friends that were important to them. Records showed that some people had regular visits home and one relative praised the staff for making specific arrangements which enabled them to take their relative on trips with other family members. One person showed us the family photographs that staff had helped to display on their bedroom wall. One member of staff told us, "I have never seen a care home do so much for the people."



## Is the service responsive?

### Our findings

People's needs had been assessed on an individual basis and care and support was delivered in line with these assessments. Care files contained detailed explanations of people's preferred routines which were written from the person's point of view. We were not able to observe staff following these guidelines but staff we spoke with had a good working knowledge of people's routines and support plans. For example, one member of staff told us about how important it was for one person to know which staff were on duty first thing in the morning as this reduced their anxiety. We checked this person's care file and it matched what staff had told us. One relative told us, "They know [person's name]'s routines better than I do."

We looked to see how the service ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. We saw that information such as menus and activity plans were in easy read and picture formats around the home and we saw that people's care plans contained information about their communication needs.

People had the opportunity to go out on trips and activities in the local community in line with Registering the Right Support. People attended classes at local colleges, enjoyed trips to local pubs and restaurants and had recently gone on a summer holiday to Blackpool. The provider had used this holiday period as an opportunity to carry out maintenance and decoration work in the home in order to minimise the disruption to people.

Relatives told us and we saw that they were involved in reviewing and planning people's care. For example, people's religious and cultural needs had been assessed with families to ensure support was provided in line with people's preferences. One care file contained guidance for staff on producing food in line with one person's cultural background and we saw training records that showed staff had been trained to source and provide food in line with this. One relative told us, "We come down for DoLS reviews and annual reviews as I am their representative."

The provider had a complaints policy in place and there was also an accessible version for people to use. We looked at records and saw that there had been two complaints in the last 12 months; both of these had been responded to promptly and thoroughly. Relatives told us they knew how to complain and were happy with the provider's response when they had raised concerns. One relative told us, "If we ever have any problems, we just pick up the phone and talk to the manager and its sorted."

## Is the service well-led?

### Our findings

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives and staff were happy with the way the service was led and managed by the provider and registered manager. One relative told us, "They respond really well to my requests and [provider's name] acts as a guide for me." The provider and registered manager had created a strong culture of excellence which the staff team had bought into. One member of staff told us, "The culture here is to deliver above people's expectations."

A range of audits were in place to ensure any gaps and issues were identified. For example, daily audits were carried out to ensure people had received the correct medication on time. We saw that where gaps had been identified, action was taken promptly to improve the service and team meetings and supervision sessions were used to discuss quality improvement issues and share ideas. For example, people's progress and behaviour was discussed at team meetings and care plans had been updated as agreed following these meetings.

The provider was a regular visitor to the home and knew staff and people well. The registered manager told us that the provider had been a great source of expertise and support since they had been appointed into the role. They said, "It's got easier for me after the first few months. The provider has supported me with manager workshops which has been great."

We saw that relatives had had the opportunity to complete questionnaires about the service and they told us that they also had regular opportunities to have informal chats with managers to ensure things were running well. The responses we saw showed us that relatives were very positive about the quality of the service people were receiving.

The home worked well with other professionals and agencies for the benefit of people living in the home. The provider told us about the good relationships the home had formed with GPs, consultants and community health services and we saw that people had been supported to take part in activities at local organisations such as colleges and adult education classes.

Registered providers are required by law to display the ratings awarded to each service in the home. We confirmed that the rating for Forest Grange was on display. Showing this rating demonstrates an open and transparent culture and helps relatives and visitors understand the quality of the service.